

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Home Away From Home	CHAPTER 100.1
Address: 1321 A Palolo Avenue, Honolulu, Hawaii 96816	Inspection Date: June 23, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 JUN -6 P12:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies</u>, (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS Resident #1 – Resident exceeds the licensed capacity of the Adult Residential Care Home.</p> <p>Care home is not currently licensed for expanded residents. Care home is not currently approved for wheelchair accessibility.</p> <ul style="list-style-type: none"> - Per progress notes resident requires moderate to max assist with all activities of daily living (ADL), transfers, and ambulation except for feeding self. - Per MD note on 4/14/21, resident has “worsening cognition”, “difficulty standing up and needs more lifting assistance”, “Physical therapy advised against walking patient for over 6 months”, “need to be changed three times a night”, “largely wheelchair bound”, “voice is hypophonic and at time unintelligible”, “coughs during meals”, and “had an episode of syncope on the toilet”. <p>Please submit an updated OHCA ARCH N2 form along with your plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Effective 6/23/21, a letter (enclosed) has been emailed to resident's representative party, her daughter, asking for a letter from 'Caringtransitions' regarding a tentative admission date for Resident #1. (enclosed)</i></p> <p><i>It is understood that if discharge from HAFFH is not possible within the 10 days, approval must be made by DOH.</i></p> <p><i>DAUGHTER + NURSE CONSULTANT (DOH) have communicated,</i></p>	<p><i>7/1/2021</i></p> <p style="text-align: right;">21 JUL -6 P12:19</p>

STATE OF HAWAII
DOH-OHCA
SAFE ADULTS
LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-10 <u>Admission policies</u>, (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS Resident #1 – Resident exceeds the licensed capacity of the Adult Residential Care Home.</p> <p>Care home is not currently licensed for expanded residents. Care home is not currently approved for wheelchair accessibility.</p> <ul style="list-style-type: none"> - Per progress notes resident requires moderate to max assist with all activities of daily living (ADL), transfers, and ambulation except for feeding self. - Per MD note on 4/14/21, resident has “worsening cognition”, “difficulty standing up and needs more lifting assistance”, “Physical therapy advised against walking patient for over 6 months”, “need to be changed three times a night”, “largely wheelchair bound”, “voice is hypophonic and at time unintelligible”, “coughs during meals”, and “had an episode of syncope on the toilet”. <p>Please submit an updated OHCA ARCH N2 form along with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>effective 6/23/21 and in the future all residents who show a decline in their level of care, will be assessed by their physician for their appropriate LOC.</i></p> <p><i>An updated ARCH N2 form has been completed by Resident MD + is enclosed.</i></p>	<p><i>6/23/21</i></p> <p style="text-align: right;">21 JUN -60-142 :19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – There was no documentation available to show that all medications EXCEPT Celecoxib cap 100mg and Lyrica cap 75mg were reevaluated by a physician every 4 months.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>On 6/29/21, all of Res #1 medications have been reviewed by her physician and signed stating her review, w/ no changes & up to date.</i></p> <p style="text-align: right;"><i>Form is enclosed</i></p>	<p style="text-align: right;"><i>6/29/21</i></p> <p style="text-align: right;">21 JUL -6 P12:19</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> Resident #1 – There was no documentation available to show that all medications EXCEPT Celecoxib cap 100mg and Lyrica cap 75mg were reevaluated by a physician every 4 months. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Effective today 6/23/21 and 6/23/21 in the future, all meds for all residents will be reviewed + signed by their physician every 4 months or however long that physician writes his review order for: to prevent this from happening again, (over)</p>	<p style="text-align: center;">21 JUL -6 P12:19</p> <p style="text-align: center;">STATE OF HAWAII DUP-ONGA STATE LICENSING</p>

We have started using a check list (example enclosed) to remind us of the medications that need to be updated and reviewed at every quarterly visit by the M.D.

The check list is kept w/ the Residents appt. calendar as an accessible means for the staff's reminders.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Access to area of refuge was obstructed by a bed end table, a large reclining chair, and a wheelbarrow.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Effective today 6/23/21, all exit areas in all 3 rooms in the outdoors and the indoor area of the 3 rooms have been cleared.</i></p>	<p style="text-align: center;"><i>6/23/21</i></p> <p style="text-align: center;">21 JUL -6 PM 2:19</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> 2nd exit doors in the three downstairs bedrooms are in need of repair and are difficult or unable to open.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>On 6/25/21, all suspect doors have been replaced and are now functioning correctly.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;"><i>6/25/21</i></p> <p style="text-align: center;">21 JUL -6 PM 2:19</p>

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Licensee's/Administrator's Signature: Ema P Arellano, CHD

Print Name: EMA P ARELLANO, CHD

Date: 7/2/2021

21 JUL -6 P12 20
STATE OF HAWAII
DOH-OHCA
STATE LICENSING